



TENNIS

Welcome to the Bridgewater Township Recreation Department! We encourage everyone to participate in our programs. We have a working relationship with the Somerset County Therapeutic Recreation Department (TR) allowing for recreation programs that can promote an active lifestyle that improves social, cognitive, emotional functioning and enhances participants' abilities. If your child has any special needs and may require a reasonable accommodation please note appropriately on the following registration form.

Our tennis program will teach the fundamentals of forehand, backhand, and serving. Students will also learn the rules of the game and scoring. Participants will need to bring their own racquet.

Dates: Sundays, September 11, 18, October 2, 16, 23, 30; Make-up date November 6, 2011

(No tennis September 25 or October 9)

Times: Beginners ages 6 – 8, 9:00am – 9:50am

Beginners ages 9 – 11, 10am – 10:50am

Intermediate ages 9 – 11, 11am – 11:50am

Location: Chimney Rock Park

Cost: \$25

This program is open to residents of Bridgewater only. Space is limited, registration will be on a first-come, first-served basis. Three ways to register! Registrations will be accepted in person at the Bridgewater Recreation Department (100 Commons Way) 9am to 5pm Monday – Thursday and 8am to 5pm on Friday, they may be dropped in the Recreation mail slot, or sent via the postal service. Please make check payable to "Bridgewater Township". No refunds will be issued.

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Tennis, Fall 2011

\$25 payable to Bridgewater Township

Last Name _____

First Name _____

Child's Age _____ Child's Date of Birth _____

Mailing Address _____

Town _____ Zip _____

Home Phone#() _____

Parent Work#() _____

Parent Cell#() _____

Parent Email Address _____

Please check the appropriate session:

____ 9:00am – 9:50am (6-8 year old Beginners)

____ 10:00am – 10:50am (9-11 year old Beginners)

____ 11:00am – 11:50am (9-11 year old Intermediate – previous tennis experience required)

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. ____ Yes, I will need to be contacted regarding special considerations for my child.

Injuries may occur. Please note that the Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

____/____/_____
Date